

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  154050		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/09/2011	
NAME OF PROVIDER OR SUPPLIER  NORTHEASTERN CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 WESLEY RD AUBURN, IN46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 06/20/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 08/09/11</p> <p>Facility Number: 003734 Provider Number: 154050 AIM Number: 200404950A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist.</p> <p>At this PSR survey, Northeastern Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0052	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and patients' rooms. The facility has a capacity of 16 and had a census of 10 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/10/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area</p>			K0052	<p>The fire alarm system required for life safety will be installed, tested and maintained in accordance iwth NFPA 70 National Electrical Code and NFPA 72. Staff will be trained and updated on this procedure. UPDATE as of 8/30/11 - this has been completed and email has been sent out to all</p>		08/30/2011

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	<p>where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Foreman on 08/09/11 at 3:10 p.m., when the automatic dialer component was placed in trouble from phone line failure a local trouble alarm was initiated at the main fire alarm panel located in the electrical room which was not continually occupied. The trouble signal was transmitted to the annunciator panel at the main entrance which was not continually occupied. The trouble signal was not located in an area where it was likely to be heard. The Maintenance Foreman confirmed the trouble signal could not be heard at the 100 hall nurses' station, an area continually occupied.</p> <p>This deficiency was cited on 06/20/11. The facility failed to</p>				<p>staff updating on the alarm system and the use of the panel. Responsible Person: Maintenance/Risk Management Nurse.</p>		

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	implement a systemic plan of correction to prevent recurrence.						